

FILED NOV 23 1948

Registration District No. 187

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37296

Primary Registration District No. 5699

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Avalon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home, avalon, Missouri. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years, (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Permelia Hawkins,

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Lucian B. Hawkins, 6. (c) Age of husband or wife if alive dec years

7. Birth date of deceased October 25th, 1958  
(Month) (Day) (Year)

8. AGE: Years 90 Months xx Days 14 If less than one day hr. min.

9. Birthplace Missouri!  
(City, town or county) (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business

12. Name William Capp

13. Birthplace Missouri.

14. Maiden name Margaret Reynolds,

15. Birthplace Missouri.

16. (a) Informant Mrs Ora Barnhart,

(b) Address Avalon, Missouri.

17. Burial Nov 11/1948 (b) Date thereof 11/11/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avalon, Missouri.

18. (a) Signature of funeral director Clifford W. Austin,

(b) Address Tina, Missouri.

19. (a) Nov 10/48 (b) Francis B. Hall  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston  
(c) City or town Avalon, Missouri.  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th year 1948 hour 6: minute A.M.

21. I hereby certify that I attended the deceased from Nov 10 to Nov 9, 1948  
that I last saw her alive on Nov 1, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature P. Haller (M. D. or other)

Address Phillipsburg, Mo Date signed 11/10/48

DISTRICT HEALTH OFFICE  
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Clifford W. Austin*

Licensed Embalmer No. **3233**

P. O. Address *Tina, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.